



**YOUTH SPORTS EMERGENCY AND DISASTER INFORMATION**

**PARTICIPANT'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PARENTS/GUARDIAN NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MEDICATION TAKEN:** \_\_\_\_\_

**ALLERGIES TO MEDICINE OR FOOD:** \_\_\_\_\_

1. In the event of accidents, injury or illness, where can parents/guardian be reached if not at home?

PARENT/GUARDIAN \_\_\_\_\_ WK PHONE \_\_\_\_\_ EXT \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ WK PHONE \_\_\_\_\_ EXT \_\_\_\_\_

2. (A) Who should the Parks and Recreation staff contact if parents/guardian cannot be reached?

(B) Who would be authorized to pick-up son/daughter?

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
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(A) \_\_\_\_\_

(B) \_\_\_\_\_

3. Family out-of-state telephone contact to be used in case of natural disaster:

**NAME:** \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_

**PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I hereby represent that I am the parent and/or legal guardian of the above-named minor child. I request that my child be allowed to participate in the \_\_\_\_\_ program of the Torrance Community Services Department (CITY)

I give permission to the CITY to obtain on my child's behalf, at my expense, any emergency medical treatment as deemed necessary in the sole discretion of CITY in case of sickness, accident, or injury.

In consideration of the request to participate in the program, I HEREBY AGREE, ON MY OWN BEHALF AND ON BEHALF OF MY CHILD, TO RELEASE AND FOREVER DISCHARGE THE CITY OF TORRANCE, ITS COUNCIL MEMBERS, OFFICERS, EMPLOYEES AND AGENTS from any and all liability arising from CITY providing emergency medical treatment to my child.

I have authority to enter into this authorization and hereby do so, on behalf of myself, my child and all parents and/or legal guardians of the child.

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian